

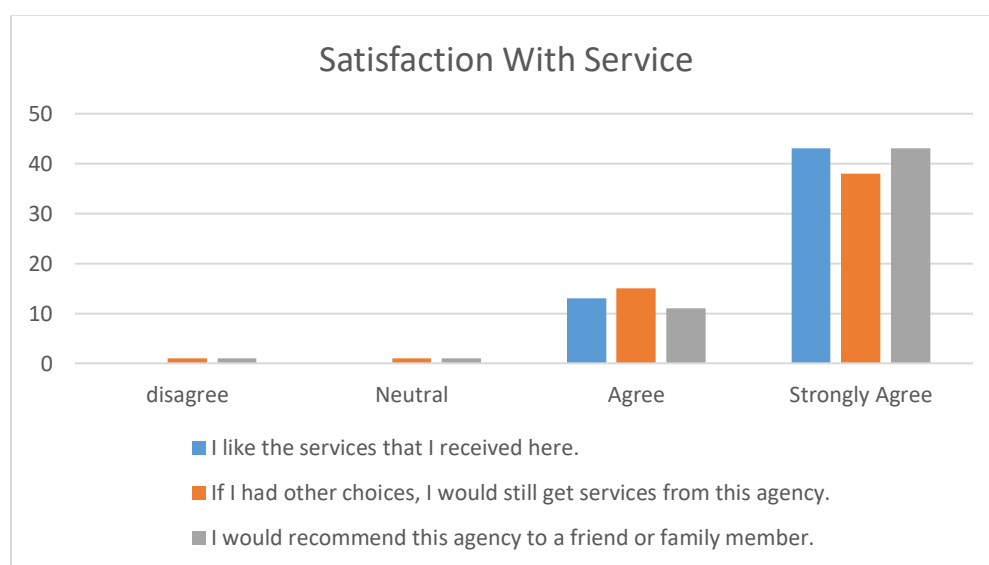
RHD Allies Quality Assurance Report

20/21

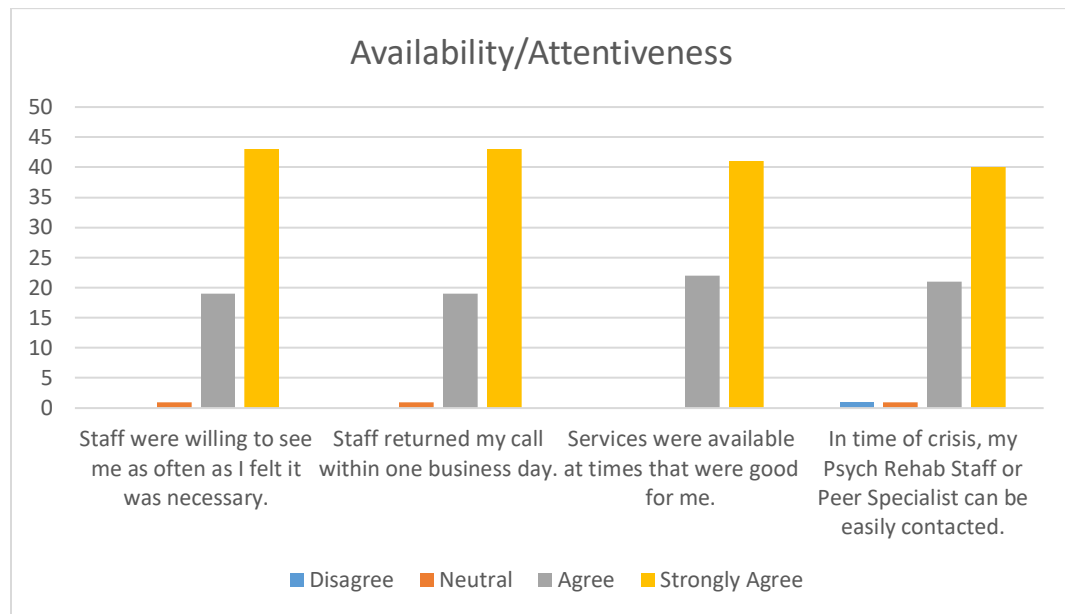
RHD Allies effectively assists individuals with mental illness and substance use disorders who are often involved with the legal system. A staff of credentialed peer support professionals delivers assistance and support through their shared experiences and successful personal journeys of recovery. Over the past three years, we have continued to adapt our processes to assist our participant population as best we can and embody the definition of a peer support agency. Carefully selected measurements indicate that we are meeting or exceeding the expectations of our participants by performing the essential functions of a peer support agency. Beyond the expectations of those we serve, RHD Allies strives to exemplify this model of care through adherence to evidence-based best practices and continuous quality improvement. The following report documents the realized results of operating with these standards. By achieving the results that are provided in this report, we satisfy the definition of a peer support agency. An analysis of these results identifies strengths and weaknesses across our organization and recommends possible steps to take that may further enhance our position as a provider of peer support services.

I. Satisfaction Survey

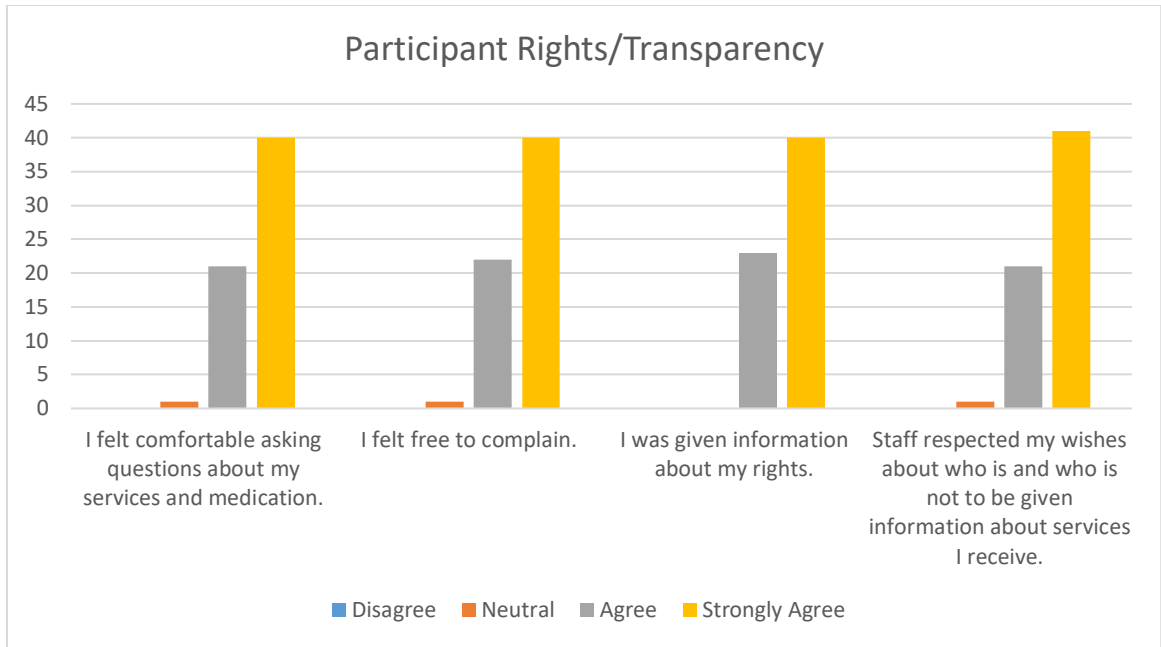
The satisfaction survey is conducted annually and is given to as many participants as are willing to participate. This past year we achieved a rate of over 75 % of participants surveyed. This survey utilizes the experiences of our participants to guide our quality assurance efforts. The feedback received with this tool allows us to effectively gauge the job we are doing in a number of domains. The results of these areas are shown below with a discussion included.



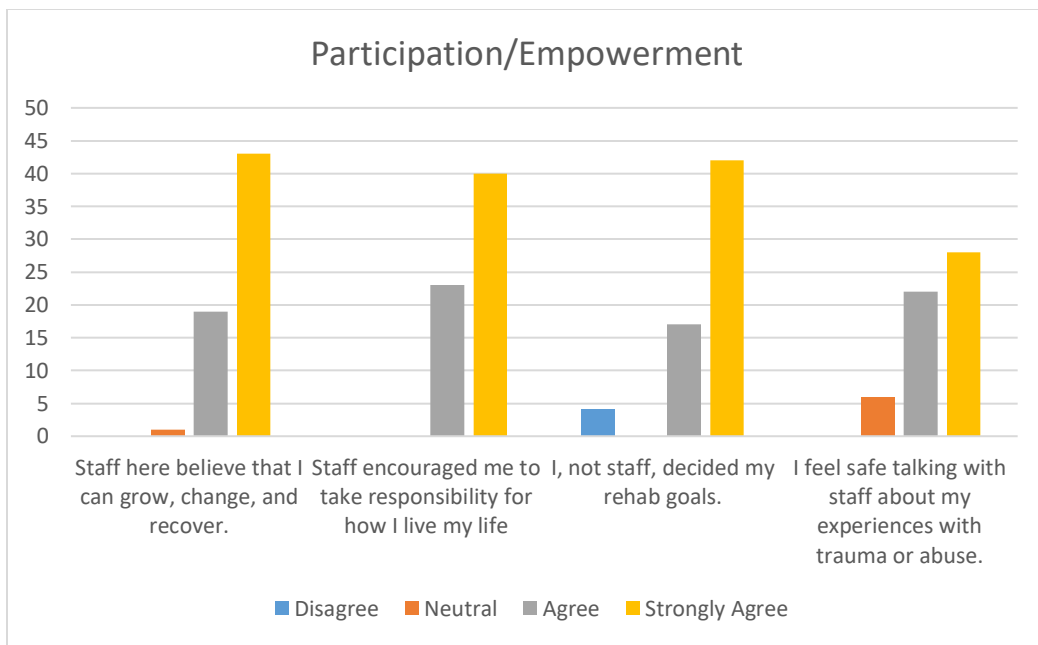
A large majority of our participants express strong satisfaction with our services based on their responses to the questions in this domain of the Satisfaction Survey. These results lead to questions of why the level of satisfaction is as high as it is. Subsequent survey areas shed some light on this question. Working with a Quality Assurance Analyst, additional surveys are being developed to elicit further feedback from participants and gain greater insight into our strengths and weaknesses.



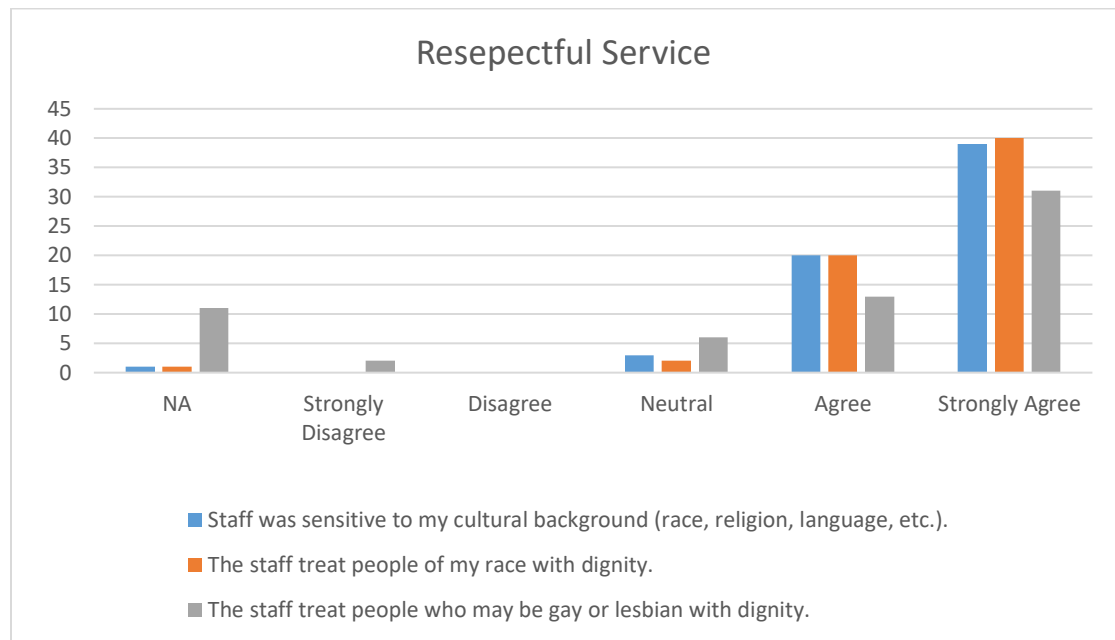
The fact that our peer support professionals are very accessible and consistently attend to the needs of participants perhaps contributes to the high level of satisfaction with our services. It is a policy of RHD Allies to see every participant in a caseload each week unless circumstances prevent this. It is also a policy of RHD Allies to be sure that an alternative CPS is available to cover a caseload in the event that something prevents a CPS from seeing his or her own participants. These policies ensure every participant is receiving the level of service required for their specific needs and that we are satisfying all contractual obligations outline by our payer.



RHD Allies treats all participants with the highest level of respect and dignity, as stipulated in RHD values. With these guiding principles, every effort is made to demonstrate that we serve at the pleasure of our participants. The results of this domain indicate that we are creating an environment that clearly prioritizes the rights and needs of the participant. The participants understand that they have a voice within the organization because this is emphasized during interactions with the CPS and actions are taken which reflect acknowledgement of participant input.

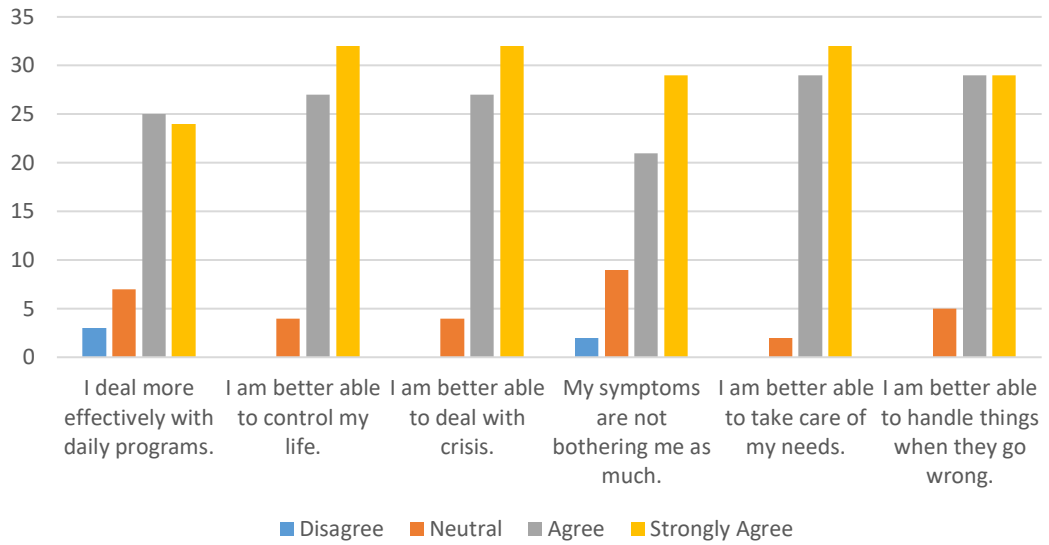


A primary focus of our services is the empowerment of participants to take charge of their life and recovery. We support our participants in a way that facilitates every aspect of recovery. This is what we do on the most basic level. Receiving high levels of satisfaction in this area supports the fact that we exemplify the role a peer support professional should play in the life of a participant. We continuously examine ways to accomplish this more comprehensively and to a greater degree. We would also like to examine this area relative to various objective outcomes as that would further support the fact that we operate consistent with the definition of a peer support agency.

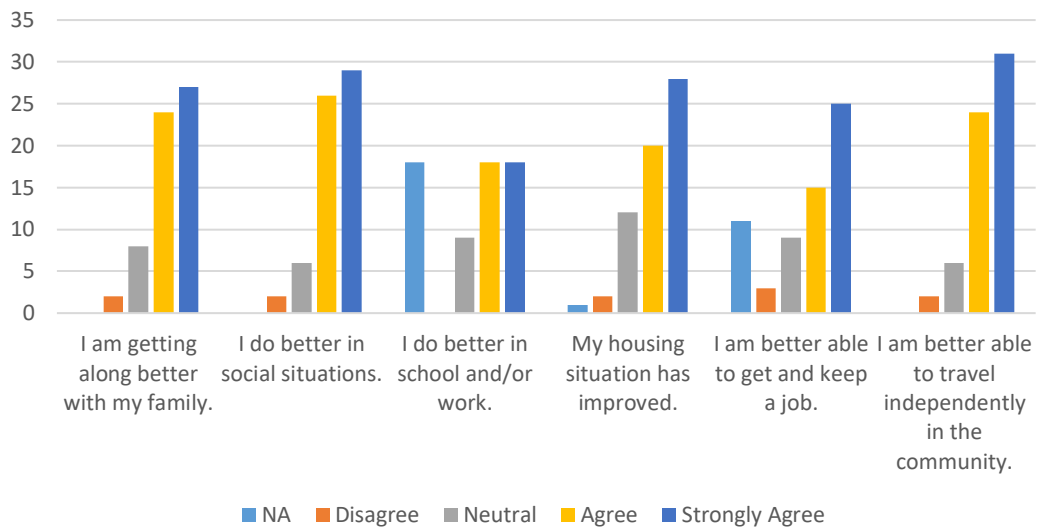


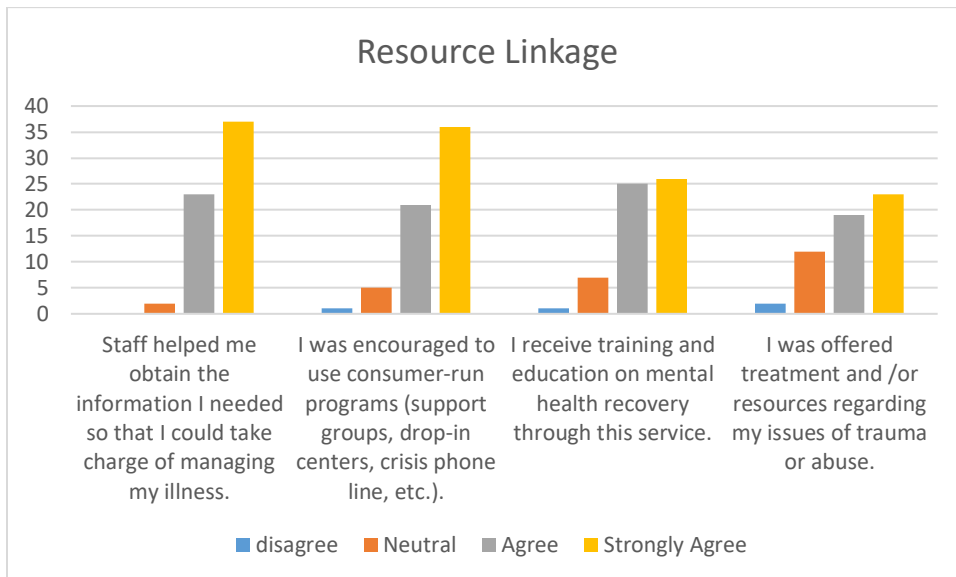
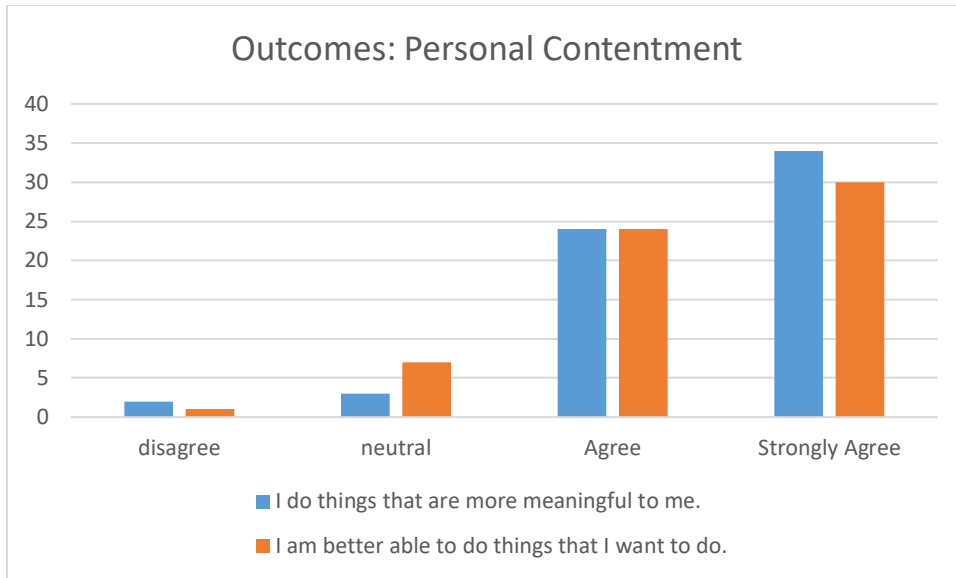
The foremost value employed by RHD Allies is to respect the dignity and worth of every individual. In some areas, we did not receive many responses because participants did not identify as gay or lesbian. In the instances where we did receive responses, we performed generally well. We make every effort to communicate our respect for individuals of any constitution. Never has an issue arisen suggesting otherwise.

Outcomes: Personal Responsibility



Outcomes: Situational Well Being





The three graphs labeled as measuring ‘Outcomes’ in different areas are critical metrics indicating the efficacy of our services. The Resource Linkage graph provides an indication of how well our services address the resource acquisition aspects of peer support. We received strong results in all of these areas. Each of these areas individually describe more specifically a participant that has become largely empowered. High satisfaction in these areas suggest positive outcomes in our efforts to support overall wellness and recovery.

Discussion

As a result of the CART survey not being conducted this year due to COVID-19, this survey is the most direct measurement available to us of our overall performance. Participants are made aware that their feedback is highly valued and considered significantly when adapting policies to guide services in the future as well as when training and developing our Peer

Professional staff. Over the last year, the process of shifting more of our focus to the development and utilization of specific skills that can enhance the quality of our service has accelerated. The supervisions of CPS staff more so review the content of documentation allowing for a more thorough evaluation of participant engagement, application of skills such as reflective listening and motivational interviewing, and participant validation. A driving goal remains consistently finding ways to better serve our participants. A pattern emerged of participants not responding to questions pertaining to trauma or abuse. In collaboration with our Outcomes Department, we will focus on this area over the next year.

We are exploring ways to more objectively and comprehensively analyze our performance relative to participant wellness outcomes. This is an effort that is being made with the assistance of the Outcomes team at Resources for Human Development. CART, a third party consumer advocacy group, will administer a survey this year which will assist our efforts to measure our outcomes results.

CQI Monthly Metrics

The Monthly Metrics are obtained from the knowledge each CPS has of the participant that they work with. Data is collected for every single participant served at the beginning of every month. The information is entered into a spreadsheet and analyzed month over month. The data collected evaluates objective metrics that are often collected in the behavioral health field. Our metrics are shared with our senior management team to ensure a high level of service. A summary of findings is listed below:

- Our Census has reduced approximately 75% due to Covid-19 but remains consistently substantial enough to meet obligations stipulated by our payer
- Over 95% of our population has stable housing, is attached to resources in the community and family support, and has access to transportation. These are critical predictors of successful recovery and a reduced rate of recidivism.
- Less than 2% of our population has been involved with the legal system negatively over the past year
- On average, less than 4% of our patient population has relied on inpatient medical treatment over the past year
- We have a low percentage of participants seeking employment, educational opportunities, and/or volunteering. This is in part due to the large percentage of our census that receives disability or social security payments. This mimics current national unemployment trends.
- Our participants, where applicable, engage with their outpatient treatment and medication management regimens at a rate of over 96%

Discussion

In almost every critical area measured we have achieved a statistically significant result that supports successful outcomes related to our services. We are currently re-establishing a relationship with a newly dedicated representative from OVR. This will enhance our efforts to support any participant we have that has an interest in employment training and assistance or educational opportunities. As with all of our CQI efforts, we are making an effort to collect this data in ways that allow for more in depth analysis. We would like to have greater knowledge of how our results compare to industry standards.

CQI Chart Audits and Phone Calls

Monthly phone calls are made to 10% of our participant population to verify the documentation from a specific progress note and illicit participant feedback. This percentage can be considered representative of our census and allows for generalization of feedback. We audit the charts of participant for completion and compliance. Enough charts are audited to allow for extrapolation of results to the entire participant census. Our results are entered into a spreadsheet for review. The results of the phone audits are historically positive with respect to the service provided by CPS staff. Our chart audits demonstrate comprehensive documentation of services provided. Where gaps in documentation occur, steps have been taken to make the necessary additions to a participant's chart if possible.

Discussion

Chart audits have progressed to include a greater emphasis on recovery language as opposed to mere presence of content. While charts consistently contain all necessary documentation, therapeutic activity is beginning to receive more focus in the documentation of encounters. We have taken steps to train staff in this area. We are discussing ways to increase the number of contacts made when participants are called. A policy change may be involved setting a new expectation for our participants. The creation of more specific questions to be asked during the phone calls is being considered as a way to illicit more descriptive feedback from participants. The general takeaways from this regular evaluation support the fact that we are compliant with all contractual obligations and satisfying the needs of our participants.

Weekly Reports

Weekly reports are conducted ensuring compliance with all requirements outlined by our payer. We run reports providing the following information:

- Participants that have not received services in a specified period of time
- Treatment plans that are approaching expiration dates
- Authorizations that need to be updated
- Notes that need to be submitted in order to allow for billing of services

Discussion

These reports effectively maintain compliance with our payer. The results of these reports indicated that we were consistently compliant prior to taking these measures. Quality Assurance efforts made in this way demonstrate that we are committed to being a reliable and exemplary provider of peer support services.

Encounter Form QA

Encounter forms record services that are billed for. An encounter form needs a signature from the participant, a signature from the certified peer specialist, a start and end time of the encounter, a date of service, and a Medical Assistance number belonging to the participant in order to be considered complete and to serve as an attestation of services provided. We have implemented a process that ensures the accuracy and presence of these documents. A report is generated based on information that is entered into our electronic medical record that verifies the time and date of service. This information is used to reconcile the information that is entered on the encounter form. A more comprehensive spreadsheet tracks the data captured on our encounter forms and a more rigorous process supports the timeliness of this data so billing can be initiated and completed without error.

Discussion

Additional measures have been adopted to ensure the accuracy and presence of all encounter forms for which documentation in the electronic medical record exists. As a result of this proactive process, we consistently receive accurate reimbursement for all services provided. A more reliable relationship has been established with the billing department at our headquarters that further guarantees that we receive the right level of reimbursement for every documented service provided. Exploration of more secure and accurate and scalable ways of handling the encounter forms continues.